

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90088 034 ***150.00

DOCUMENT # P94000063118

1. Entity Name

AREQUIPSA CORP.

Principal Place of Business

**1781 NW 79TH AVENUE
 MIAMI FL 33126
 US**

Mailing Address

**1781 NW 79TH AVENUE
 MIAMI FL 33126
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0518675**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, CLAYTON E
 201 SOUTH BISCAYNE BLVD. STE. 2000
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **PHILLIP J. CLEMENTS**
 Street Address (P.O. Box Number is Not Acceptable)
1781 NW 79th AVENUE
 City **MIAMI** FL Zip Code **33126**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

PHILLIP J. CLEMENTS

(NOTE: Registered Agent signature required when reinstating)

X 4/29/03
 DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PTS.	<input type="checkbox"/> Delete
NAME	CLEMENTS, JOHN	
STREET ADDRESS	1781 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, P JOHN	
STREET ADDRESS	4454 SHERIDAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	V.P. of Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carmen Galloway	
STREET ADDRESS	10040 SW 46 Street	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

305 594 4222

Date

Daytime Phone #

CR2E034 (9/01)